

ASSESSMENT CERTIFICATION AND EDUCATION PROGRAM

~~ Application for Assessment Level Certification ~~

IDENTIFICATION

1. Name: _____
LAST FIRST MIDDLE

2. Employer: _____ (_____) _____
EMPLOYER WORK PHONE

_____ STREET CITY ZIP

3. Social Security Number

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*Applications received without a Social Security Number will NOT be processed.

4. Circle highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 _____
OTHER

5. GED Certificate? YES ☐ NO ☐

6. Name of last school(s) attended: (Attach Copies of Transcript(s), Diploma(s), etc.)

	SCHOOL NAME AND ADDRESS	HOURS COMPLETED	DATE OF GRADUATION	MAJOR	MINOR(S)	DEGREE
HIGH SCHOOL						
COLLEGE						
GRADUATE						
POST GRADUATE						
OTHER SCHOOLS						

EDUCATION

7. List appraisal certification(s) / designation(s) that you presently hold. Please enclose copies of Certification(s) or other document(s) showing evidence of certification(s) / designation(s):

8. List professional assessment / appraisal organizations of which you are a member:

9. List appraisal / assessment courses successfully completed, organizations offering courses and dates of completion. Please attach copy of certificate or other document showing evidence of successful completion of the courses listed.

(Use a separate sheet, following this format for additional courses.)

DATES

10. When a written examination is required, check city in which you would prefer to take the examination:
(This does not guarantee that you will be able to take the examination in said location.)

Nashville ☐ Knoxville ☐ Jackson ☐ Other ☐ _____

11. Have you ever been employed by the State of Tennessee:

YES ☐

NO ☐

It is important for you to furnish a detailed statement of your work history. Consideration for the training program and our evaluation of your education and experience will be based solely upon information in this section. List all work experience beginning with present or last employer. Use a separate block for each position. Under "Description of Duties" list any supervisory or administrative responsibilities, research projects, surveys, etc.

(use a separate sheet, following this format.)

Name of Employer		City	State
Mailing Address		Kind of Business	
Your Title	Number of Employees Supervised	Dates of Employment	
Name and Title of Supervisor -- Business address if different from employer			
Description of your duties			

12. I certify that all the information given herein is true and complete to the best of my knowledge and belief. I agree to abide by the rules and regulations governing the **Assessment Certification and Education Program** set forth by the State Board of Equalization. I also authorize any necessary investigations and the release of transcripts and other personal information relative to my training program.

Signature _____ Date _____

**Applications received without a signature will NOT be processed.*